



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB4041

Introduced 1/21/2022, by Sen. Mike Simmons

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
55 ILCS 5/5-1069.3
65 ILCS 5/10-4-2.3
105 ILCS 5/10-22.3f
215 ILCS 5/356z.30
215 ILCS 130/4003
305 ILCS 5/5-16.8

from Ch. 73, par. 1504-3

Amends the Illinois Insurance Code. In provisions concerning hearing aid coverage, provides that an individual or group policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act shall provide coverage for annual examinations for the prescription and fitting of hearing aids and for medically necessary hearing instruments and related services for all individuals under the age of 65 when a hearing care professional prescribes a hearing instrument to augment communication. Provides that an insurer shall provide coverage without (rather than subject to) co-payments, co-insurance, deductibles, and out-of-pocket limits. Provides that a hearing examination shall be covered every 12 months. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Limited Health Service Organization Act, and the Medical Assistance Article of the Illinois Public Aid Code.

LRB102 25714 BMS 35022 b

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
17 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
18 and 356z.51 ~~and 356z.43~~ of the Illinois Insurance Code. The
19 program of health benefits must comply with Sections 155.22a,
20 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
21 the Illinois Insurance Code. The Department of Insurance shall
22 enforce the requirements of this Section with respect to
23 Sections 370c and 370c.1 of the Illinois Insurance Code; all

1 other requirements of this Section shall be enforced by the
2 Department of Central Management Services.

3 Rulemaking authority to implement Public Act 95-1045, if
4 any, is conditioned on the rules being adopted in accordance
5 with all provisions of the Illinois Administrative Procedure
6 Act and all rules and procedures of the Joint Committee on
7 Administrative Rules; any purported rule not so adopted, for
8 whatever reason, is unauthorized.

9 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
11 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
12 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
14 10-26-21.)

15 Section 10. The Counties Code is amended by changing
16 Section 5-1069.3 as follows:

17 (55 ILCS 5/5-1069.3)

18 Sec. 5-1069.3. Required health benefits. If a county,
19 including a home rule county, is a self-insurer for purposes
20 of providing health insurance coverage for its employees, the
21 coverage shall include coverage for the post-mastectomy care
22 benefits required to be covered by a policy of accident and
23 health insurance under Section 356t and the coverage required
24 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,

1 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
2 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
3 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
4 356z.45, 356z.46, 356z.47, 356z.48, and 356z.51 ~~and 356z.43~~ of
5 the Illinois Insurance Code. The coverage shall comply with
6 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
7 Insurance Code. The Department of Insurance shall enforce the
8 requirements of this Section. The requirement that health
9 benefits be covered as provided in this Section is an
10 exclusive power and function of the State and is a denial and
11 limitation under Article VII, Section 6, subsection (h) of the
12 Illinois Constitution. A home rule county to which this
13 Section applies must comply with every provision of this
14 Section.

15 Rulemaking authority to implement Public Act 95-1045, if
16 any, is conditioned on the rules being adopted in accordance
17 with all provisions of the Illinois Administrative Procedure
18 Act and all rules and procedures of the Joint Committee on
19 Administrative Rules; any purported rule not so adopted, for
20 whatever reason, is unauthorized.

21 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
23 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
24 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
26 10-26-21.)

1 Section 15. The Illinois Municipal Code is amended by
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

4 Sec. 10-4-2.3. Required health benefits. If a
5 municipality, including a home rule municipality, is a
6 self-insurer for purposes of providing health insurance
7 coverage for its employees, the coverage shall include
8 coverage for the post-mastectomy care benefits required to be
9 covered by a policy of accident and health insurance under
10 Section 356t and the coverage required under Sections 356g,
11 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8,
12 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
13 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a,
14 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46,
15 356z.47, 356z.48, and 356z.51 ~~and 356z.43~~ of the Illinois
16 Insurance Code. The coverage shall comply with Sections
17 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
18 Code. The Department of Insurance shall enforce the
19 requirements of this Section. The requirement that health
20 benefits be covered as provided in this is an exclusive power
21 and function of the State and is a denial and limitation under
22 Article VII, Section 6, subsection (h) of the Illinois
23 Constitution. A home rule municipality to which this Section
24 applies must comply with every provision of this Section.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
8 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
9 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
10 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
11 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
12 10-26-21.)

13 Section 20. The School Code is amended by changing Section
14 10-22.3f as follows:

15 (105 ILCS 5/10-22.3f)

16 Sec. 10-22.3f. Required health benefits. Insurance
17 protection and benefits for employees shall provide the
18 post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t and
20 the coverage required under Sections 356g, 356g.5, 356g.5-1,
21 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11,
22 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
23 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.36,
24 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, and 356z.51 and

1 ~~356z.43~~ of the Illinois Insurance Code. Insurance policies
2 shall comply with Section 356z.19 of the Illinois Insurance
3 Code. The coverage shall comply with Sections 155.22a, 355b,
4 and 370c of the Illinois Insurance Code. The Department of
5 Insurance shall enforce the requirements of this Section.

6 Rulemaking authority to implement Public Act 95-1045, if
7 any, is conditioned on the rules being adopted in accordance
8 with all provisions of the Illinois Administrative Procedure
9 Act and all rules and procedures of the Joint Committee on
10 Administrative Rules; any purported rule not so adopted, for
11 whatever reason, is unauthorized.

12 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
14 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
15 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
16 102-665, eff. 10-8-21; revised 10-27-21.)

17 Section 25. The Illinois Insurance Code is amended by
18 changing Section 356z.30 as follows:

19 (215 ILCS 5/356z.30)

20 Sec. 356z.30. Coverage for hearing aids for individuals
21 under the age of 65 ~~18~~.

22 (a) As used in this Section:

23 "Hearing care professional" means a person who is a
24 licensed hearing instrument dispenser, licensed audiologist,

1 or licensed physician.

2 "Hearing instrument" or "hearing aid" means any wearable
3 non-disposable, non-experimental instrument or device designed
4 to aid or compensate for impaired human hearing and any parts,
5 attachments, or accessories for the instrument or device,
6 including an ear mold but excluding batteries and cords.

7 (b) An individual or group policy of accident and health
8 insurance or managed care plan that is amended, delivered,
9 issued, or renewed after the effective date of this amendatory
10 Act of the 102nd General Assembly shall ~~August 22, 2018 (the~~
11 ~~effective date of Public Act 100-1026)~~ must provide coverage
12 for annual examinations for the prescription and fitting of
13 hearing aids and for medically necessary hearing instruments
14 and related services for all individuals under the age of 65 ~~18~~
15 when a hearing care professional prescribes a hearing
16 instrument to augment communication.

17 (c) An insurer shall provide coverage without ~~, subject to~~
18 ~~all applicable~~ co-payments, co-insurance, deductibles, and
19 out-of-pocket limits, subject to the following restrictions:

20 (1) one hearing instrument shall be covered for each
21 ear every 36 months;

22 (2) related services, such as audiological exams and
23 selection, fitting, and adjustment of ear molds to
24 maintain optimal fit shall be covered when deemed
25 medically necessary by a hearing care professional; ~~and~~

26 (3) a hearing examination shall be covered every 12

1 months; and

2 (4) ~~(3)~~ hearing instrument repairs shall ~~may~~ be
3 covered when deemed medically necessary.

4 (d) If, at any time before or after August 22, 2018 (the
5 effective date of Public Act 100-1026), the Secretary of the
6 United States Department of Health and Human Services, or its
7 successor agency, promulgates rules or regulations to be
8 published in the Federal Register, publishes a comment in the
9 Federal Register, or issues an opinion, guidance, or other
10 action that would require the State, pursuant to any provision
11 of the Patient Protection and Affordable Care Act (Pub. L.
12 111-148), including, but not limited to, 42 U.S.C.
13 18031(d)(3)(B) or any successor provision, to defray the cost
14 of coverage for medically necessary hearing instruments and
15 related services for individuals under the age of 18, then
16 this Section is inoperative with respect to all such coverage
17 other than that authorized under Section 1902 of the Social
18 Security Act, 42 U.S.C. 1396a, and the State shall not assume
19 any obligation for the cost of coverage for medically
20 necessary hearing instruments and related services for
21 individuals under the age of 18.

22 (Source: P.A. 100-1026, eff. 8-22-18; 101-81, eff. 7-12-19.)

23 Section 30. The Limited Health Service Organization Act is
24 amended by changing Section 4003 as follows:

1 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

2 Sec. 4003. Illinois Insurance Code provisions. Limited
3 health service organizations shall be subject to the
4 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
5 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
6 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
7 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
8 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41,
9 356z.46, 356z.47, 356z.51, ~~356z.43~~, 368a, 401, 401.1, 402,
10 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles
11 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
12 the Illinois Insurance Code. For purposes of the Illinois
13 Insurance Code, except for Sections 444 and 444.1 and Articles
14 XIII and XIII 1/2, limited health service organizations in the
15 following categories are deemed to be domestic companies:

16 (1) a corporation under the laws of this State; or

17 (2) a corporation organized under the laws of another
18 state, 30% or more of the enrollees of which are residents
19 of this State, except a corporation subject to
20 substantially the same requirements in its state of
21 organization as is a domestic company under Article VIII
22 1/2 of the Illinois Insurance Code.

23 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
24 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
25 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
26 eff. 1-1-22; revised 10-27-21.)

1 Section 35. The Illinois Public Aid Code is amended by
2 changing Section 5-16.8 as follows:

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical
5 assistance program shall (i) provide the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
9 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.34, 356z.35,
10 356z.46, 356z.47, and 356z.51 ~~and 356z.43~~ of the Illinois
11 Insurance Code, (ii) be subject to the provisions of Sections
12 356z.19, ~~356z.43~~, 356z.44, 356z.49, 364.01, 370c, and 370c.1
13 of the Illinois Insurance Code, and (iii) be subject to the
14 provisions of subsection (d-5) of Section 10 of the Network
15 Adequacy and Transparency Act.

16 The Department, by rule, shall adopt a model similar to
17 the requirements of Section 356z.39 of the Illinois Insurance
18 Code.

19 On and after July 1, 2012, the Department shall reduce any
20 rate of reimbursement for services or other payments or alter
21 any methodologies authorized by this Code to reduce any rate
22 of reimbursement for services or other payments in accordance
23 with Section 5-5e.

24 To ensure full access to the benefits set forth in this

1 Section, on and after January 1, 2016, the Department shall
2 ensure that provider and hospital reimbursement for
3 post-mastectomy care benefits required under this Section are
4 no lower than the Medicare reimbursement rate.

5 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
6 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
7 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
8 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
9 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; revised 10-27-21.)